



Medicare Contractor Provider Satisfaction Survey- 2009 Administration

Public Report

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MEDICARE CONTRACTOR PROVIDER SATISFACTION SURVEY (MCPSS) 2009

EXECUTIVE SUMMARY

The Centers for Medicare & Medicaid Services (CMS) is responsible for the administration of the Medicare program. CMS' primary goal is to protect and improve beneficiary health; a related goal is to promote beneficiaries' satisfaction with the health care services they receive. To achieve the latter goal, CMS examines the relationship between Medicare Fee-for-Service (FFS) contractors, including Medicare Administrative Contractors (MACs), collectively referred to as contractors, and the FFS Medicare providers (physicians, hospitals, home health agencies, etc) they serve. In order to better understand the contractor - provider relationship, CMS is interested in examining contractor performance from the provider's perspective.

The Medicare Contractor Provider Satisfaction Survey (MCPSS) enables CMS to gauge provider satisfaction with key services performed by the contractors that process and pay the more than \$300 billion¹ in Medicare claims each year. In the 2009 MCPSS, the contractor samples are comprised of 13 Fiscal Intermediaries (FIs); 14 Carriers; 3 Part A/Part B MACs; 4 Regional Home Health Intermediaries (RHHIs); 4 Durable Medical Equipment (DME) MACs; and the contractor handling the Railroad Retirement Board (RRB) retirees. The 2009 contractor sample counts differ from 2008 and will fluctuate again in 2010 due to changes in the CMS contracting environment.

The goals of the MCPSS are to:

- Provide feedback from providers to contractors so they may implement process improvement initiatives.
- Establish a uniform measure of provider satisfaction with contractor performance; and
- Satisfy requirements of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) to measure provider satisfaction levels.

In addition to fulfilling these goals, CMS also uses MCPSS findings as a benchmark for monitoring future trends as well as to improve its oversight and increase the efficiency of the Medicare program.

The MCPSS is administered annually. The 2009 MCPSS survey questions use a rating scale of 1 to 6, with 1 representing "Not at all satisfied" and 6 representing "Completely satisfied".

¹ Source: The CMS 2008 Data Compendium. For reference (as of July 2009) refer to: <http://www.cms.hhs.gov/DataCompendium>

The key findings from the 2009 survey are:

- The MCPSS average survey score combines all of the satisfaction items in the survey that focus on the contractor. The 2009 national average of the contractor-type scores is 4.54.
- Across all responding providers, 81 percent scored their contractors between 4.0 and 6.0 on the overall satisfaction question.
- FI/Part A MACs received an average survey score of 4.67; RHHI received 4.70; Carrier/Part B MACs received 4.39; and, DME MACs received 4.47.
- On average, the Claims Processing business function received the highest scores, while the Appeals function received the lowest scores.
- Skilled nursing facilities (SNFs) and home health providers report the highest level of satisfaction (4.71 and 4.70, respectively) while “Other Part B”² providers report the lowest satisfaction (4.05) of the provider types, followed by physicians submitting DME claims (4.27).
- 81 percent of respondents would like to see more training and education material about the Claims Processing business function.
- 77 percent of respondents would like to see more training and education material about the Appeals and Payment Policy business functions.
- Business function A, Provider Inquires, was the strongest predictor of satisfaction with coefficients in the 0.35 to 0.77 range. Business function C, Claims Processing, was the second strongest predictor of satisfaction with coefficients in the 0.02 to 0.38 range. This is a similar pattern to the results from 2007 and 2008, although in 2009 there is a continued weakening in the importance of the Claims Processing business function.
- In 2009 there are no marked changes in the average survey score from 2008.

² Other Part B providers include those Part B providers who are not described as Physicians, Labs, Ambulance Services, or Licensed Practitioners. An example of an “Other Part B” provider is a facility specializing in mammography.

Medicare Contractor Provider Satisfaction Survey (MCPSS) 2009

CHAPTER 1 INTRODUCTION

This public report provides a detailed discussion of the 2009 survey results. The purpose of this report is to:

- Provide an overview of the scores across contractor and provider types;
- Identify high, average, and low performers; and
- Identify services that may be higher priority for process improvement.

Structure of the Public Report. The report starts with a summary of the 2009 survey methods (Chapter 2) to provide the reader with a context, as well as a background, about how the study was conducted.

The summary is followed by an overview of the 2009 results (Chapter 3) presented by contractor type, provider type, and business function. Chapter 3 also illustrates contractor scores and includes the overall business function scores, as well as business function scores for the various provider types, followed by a section on historical comparisons and trends.

Chapter 4 describes and presents results from multivariate analyses to identify business functions, provider characteristics, and individual questionnaire items that predict provider satisfaction.

CHAPTER 2

SUMMARY OF SURVEY METHODS

The target population for the 2009 administration consisted of all experienced Medicare providers served by the Medicare contractors. In 2009, an experienced provider was defined as one submitting 50 or more Medicare claims in the prior year. In the 2009 MCPSS, the contractor samples assessed included: 13 Fiscal Intermediaries (FIs); 14 Carriers; 3 Part A/Part B Medicare Administrative Contractors (MACs); 4 Regional Home Health Intermediaries (RHHIs); 4 Durable Medical Equipment Administrative Contractors (DME MACs); and one contractor handling the Railroad Retirement Board (RRB) retirees. These contractor counts differ from 2008 and will fluctuate again in 2010 due to changes in the CMS contracting environment. Of the 1.3 million³ providers who render services to Medicare beneficiaries, a sample of 32,302⁴ Medicare providers was selected for the 2009 administration of the MCPSS.

Providers were offered a variety of mechanisms for submitting survey responses. Providers with Internet access received instructions on how to complete the survey over the Web. All providers, including those without Internet access, had the option to complete the survey over the telephone or request a paper copy of the survey instrument and return it by mail or FAX. To increase the final response rate, follow-up telephone calls prompted providers who did not complete either the Web or paper survey.

Regardless of the mode of data collection, all versions of the survey instrument contained the same 67 questions⁵ presented in the same order, and took about 15 minutes to complete⁶. The survey instrument covered seven key business functions of the interface between the providers and their contractors as presented in Table 2-1:

³ Source: The CMS 2008 Data Compendium. For reference (as of July 2009) refer to: <http://www.cms.hhs.gov/DataCompendium>

⁴ A random sample of 32,272 providers was selected; an additional 30 “large ESRD” surveys were prepared.

⁵ In addition to the 67 questions, respondents were also given the opportunity to write in general comments or suggestions about each business function.

⁶ This is the average time for the survey; it excludes the time for a screening interview.

Table 2-1. Seven Key Business Functions

Provider Inquiries	Provider Outreach & Education
Claims Processing	Appeals
Provider Enrollment	Medical Review
Provider Audit & Reimbursement	

Not all business functions were relevant for all contractors; therefore, the survey instruments were designed to ask only about the relevant services rendered by the contractor to its providers. In addition, providers were able to skip sections if the service was not applicable to them in the past year. Data collection for the 2009 administration started on December 18, 2008, and ended on May 22, 2009. The 2009 administration yielded a final response rate of 70.0%.

A 70 percent response rate is high compared to other satisfaction surveys and surveys of providers. Burt and Woodwell report in their 2005 paper that physician surveys typically achieve response rates in the 40-50 percent range⁷. The MCPSS has had a higher response rate since its inception.

⁷ Burt, C.W., & Woodwell, D. (2005, November). Tests of methods to improve response to physician surveys. Paper presented at the 2005 Federal Committee on Statistical Methodology, Arlington, VA.

CHAPTER 3

OVERVIEW OF 2009 MCPSS RESULTS

This chapter presents the summary results across all contractors, described by contractor type, individual contractor, provider type, and business function.

The 2009 MCPSS questionnaire included seven sections, each reflecting a different business function of the contractors. The seven business functions are:

- Provider Inquiries (Section A)
- Provider Outreach & Education (Section B)
- Claims Processing (Section C)
- Appeals (Section D)
- Provider Enrollment (Section E)
- Medical Review (Section F)
- Provider Audit & Reimbursement (Section G)

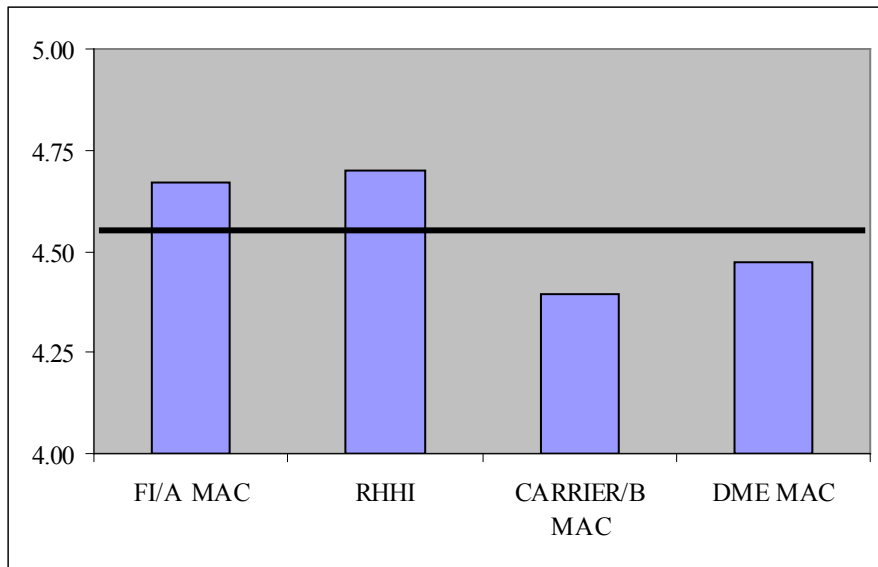
These seven business functions are not uniformly applicable across all contractor types. For example, while sections A-G apply for FIs/Part A MACs and RHHIs, section G is not applicable for Carriers/Part B MACs and DME MACs. The analyses presented in this report were generally conducted separately for each of the four contractor types: FI/Part A MACs, RHHIs, Carrier/Part B MACs, and DME MACs.

The satisfaction questions in each section were presented on a scale of 1 to 6, where 1 was “Not At All Satisfied” and 6 was “Completely Satisfied.” The scores are presented on this same scale. In addition to the seven sections, the survey included one overall satisfaction item. This item is used primarily for analyzing correlations and predictors of satisfaction; it is not included in the calculation of the average scores. The scores were computed for each contractor at the contractor level, as well as by each of the business functions and by the provider types the contractor serves.

Overall Scores by Contractor Type

Figure 3-1 shows the contractor type average (mean) score. The bars reflect the average score based on responses to all applicable sections of the survey. The horizontal line represents the national average of all contractors (4.54). As shown in the chart, the FI/Part A MAC and RHHI average scores are above the national average (4.67 and 4.70, respectively), while Carriers/ Part B MACs and DME MACs are below (4.39 and 4.47, respectively).

Figure 3-1. Average 2009 Scores by Contractor Type



Source: MCPSS Survey, 2009.

Contractor Scores

Figures 3-2 through 3-5 provide an overview of the contractor scores within each contractor type. The graphs provide a comparison to the contractor average (the first bar on the left), as well as to the national average (4.54), the bold horizontal line.

To accommodate the figures, contractor names have been abbreviated as follows:

Fiscal Intermediaries (FI) / Part A MACs (Indicated by Jurisdiction – “J”):

<u>Contractor</u>	<u>Abbreviation</u>
BCBS of Georgia	BCBS GA
Cahaba GBA	Cahaba
COSVI	COSVI
First Coast Service Options	FCSO
Highmark	Highmark
National Government Services	NGS
Noridian Administrative Services (Legacy) ⁸	Noridian (Legacy)
Noridian Administrative Services J3 MAC	Noridian J3
Palmetto GBA	Palmetto
Pinnacle Business Solutions	Pinnacle
Riverbend GBA	Riverbend
TrailBlazer Health Enterprises (Legacy)	TrailBlazer (Legacy)
TrailBlazer Health Enterprises J4 MAC	TrailBlazer J4
Trispan Health Services	Trispan
WPS Insurance Corporation (Legacy)	WPS (Legacy)
WPS Insurance Corporation J5 MAC	WPS J5

RHHIs:

<u>Contractor</u>	<u>Abbreviation</u>
Cahaba GBA	Cahaba
National Government Services (formerly AHS)	NGS (formerly AHS)
National Government Services (formerly UGS)	NGS (formerly UGS)
Palmetto GBA	Palmetto

⁸ “Legacy” refers to fiscal intermediary and carrier contracts under Title XVIII of the Social Security Act. This is used for those contractors who currently hold both legacy and MAC contracts.

Carriers / Part B MACs (Indicated by Jurisdiction – “J”)⁹:

Contractor Abbreviation

Cahaba GBA	Cahaba
CIGNA Government Services	CIGNA
First Coast Service Options	FCSO
Group Health Incorporated	GHI
HealthNow New York	HealthNow
Highmark Highmark	
National Government Services	NGS
National Heritage Insurance Company	NHIC
Noridian Administrative Services (Legacy)	Noridian (Legacy)
Noridian Administrative Services J3 MAC	Noridian (J3)
Palmetto GBA	Palmetto
Pinnacle Business Solutions.	Pinnacle
TrailBlazer Health Enterprises (Legacy)	TrailBlazer (Legacy)
TrailBlazer Health Enterprises J4 MAC	TrailBlazer (J4)
Triple S	Triple S
WPS Insurance Corporation (Legacy)	WPS (Legacy)
WPS Insurance Corporation J5 MAC	WPS (J5)

DME MACs:

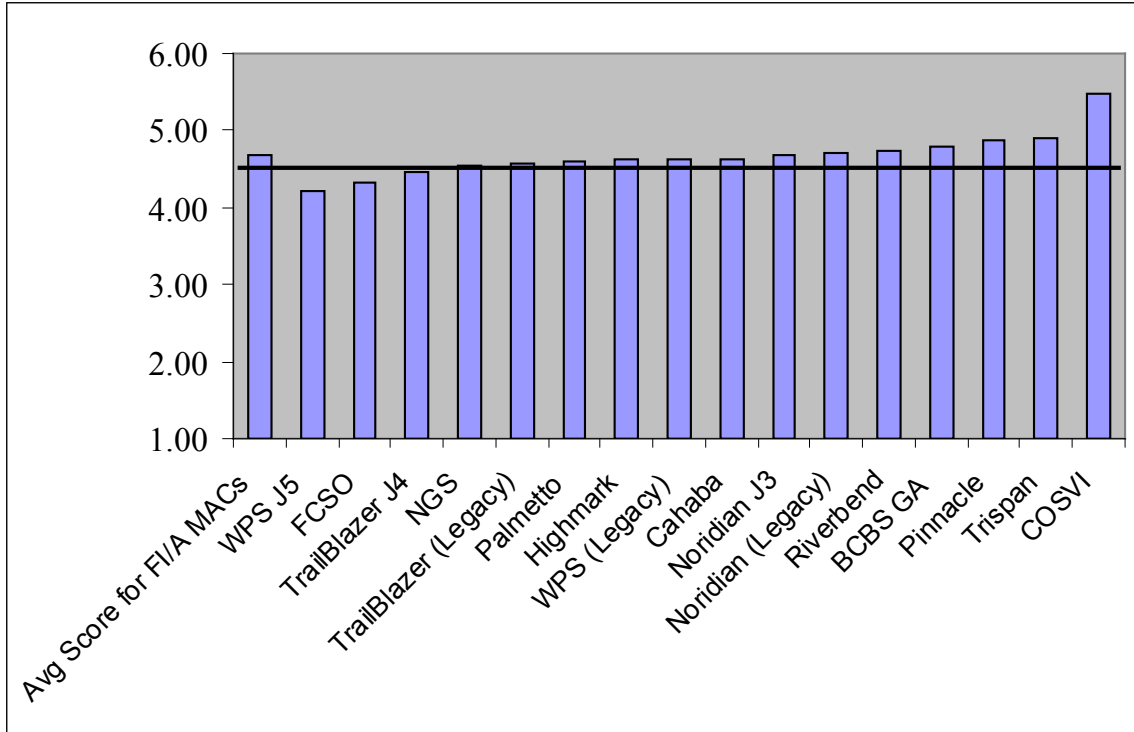
Contractor Abbreviation

National Government Services	NGS
Noridian Administrative Services	Noridian
National Heritage Insurance Company	NHIC
CIGNA Government Services (CGS)	CIGNA

⁹ The Carrier/Part B MAC scores exclude the RRB contractor.

The overall scores for FI/Part A MACs (Figure 3-2) range from a low of 4.22 for WPS in J5 to a high of 5.48 for COSVI, with the FI/Part A MAC average at 4.67 (the first bar on the left). As shown by Figure 3-2, twelve of the FI/Part A MAC contractors scored higher than the national average across all contractor types, which is represented by the bold horizontal line.

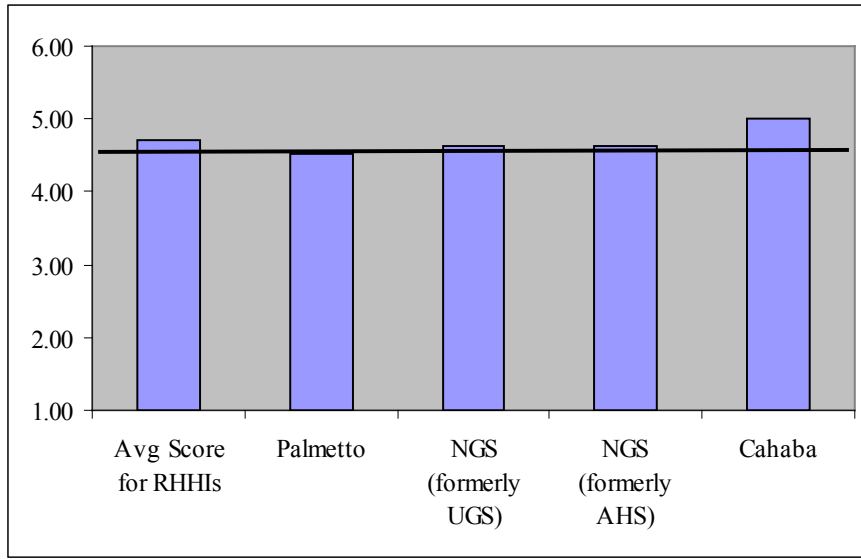
Figure 3-2. 2009 FI/Part A MAC Scores by Contractor



Source: MCPSS Survey, 2009.

The overall scores for RHHIs (Figure 3-3) range from a low of 4.53 for Palmetto to a high of 5.01 for Cahaba, with the RHHI average at 4.70 (the first bar on the left). As shown by Figure 3-3, three of the RHHI contractors scored higher than the national average across all contractor types, which is represented by the bold horizontal line.

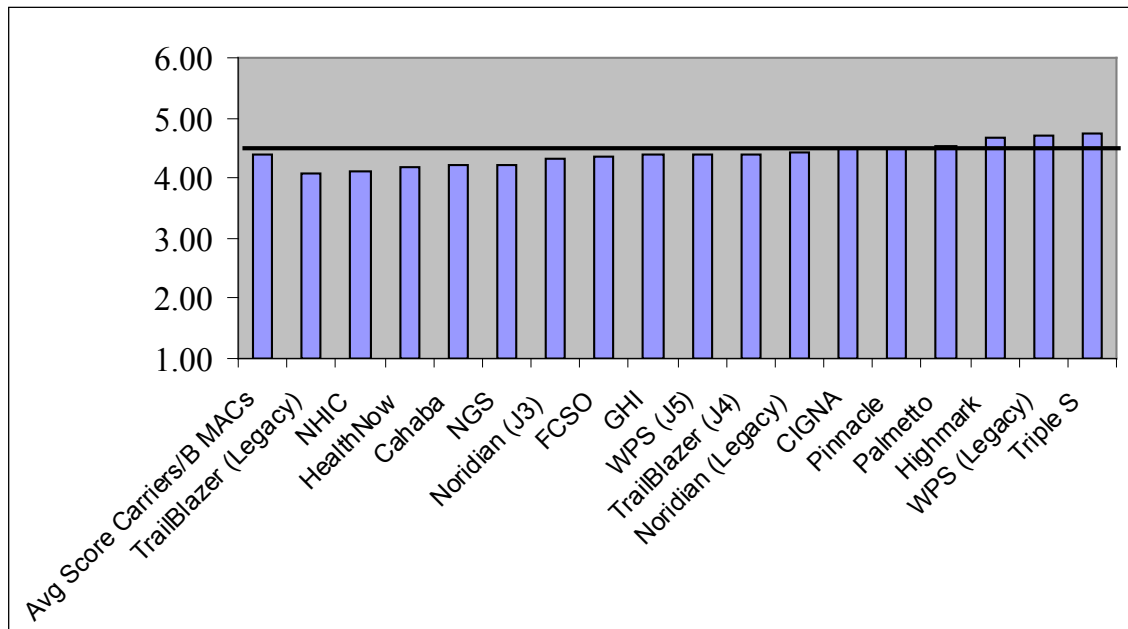
Figure 3-3. 2009 RHHI Scores by Contractor



Source: MCPSS Survey, 2009.

The overall scores for Carrier/Part B MAC contractors (Figure 3-4) range from a low of 4.07 for TrailBlazer in J5 to a high of 4.76 for Triple-S; with the average for the Carrier/Part B MAC at 4.39 (the first bar on the left). All but four of the Carrier/Part B MAC contractors scored below the national average across contractor types, which is represented by the bold horizontal line.

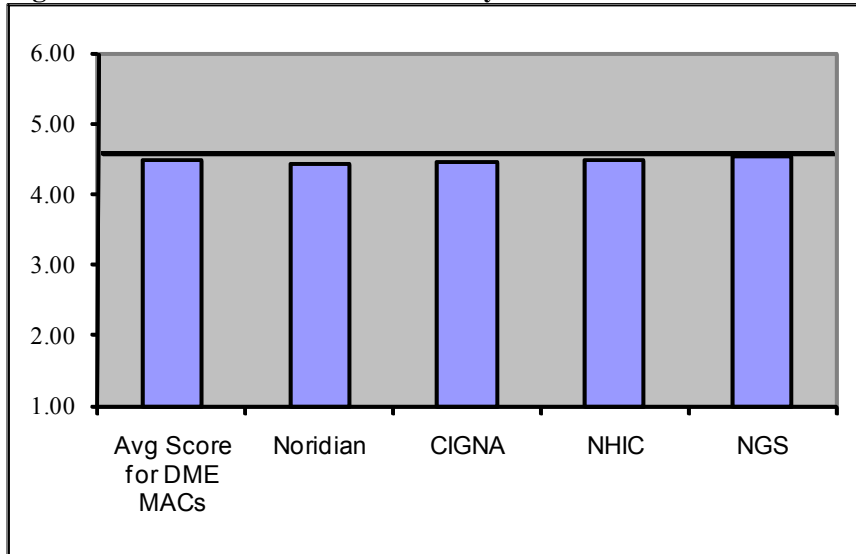
Figure 3-4. 2009 Carrier Scores by Contractor



Source: MCPSS Survey, 2009.

Similar to RHHIs, since there are only four DME MAC contractors (Figure 3-5), the range of overall scores for DME MACs is very limited. The lowest overall score is 4.42 for Noridian the highest score is 4.52 for NGS; the average DME MAC score is 4.47. All four DME MACs have scores slightly below the national average (4.54) for all contractor types, which is represented by the bold horizontal line.

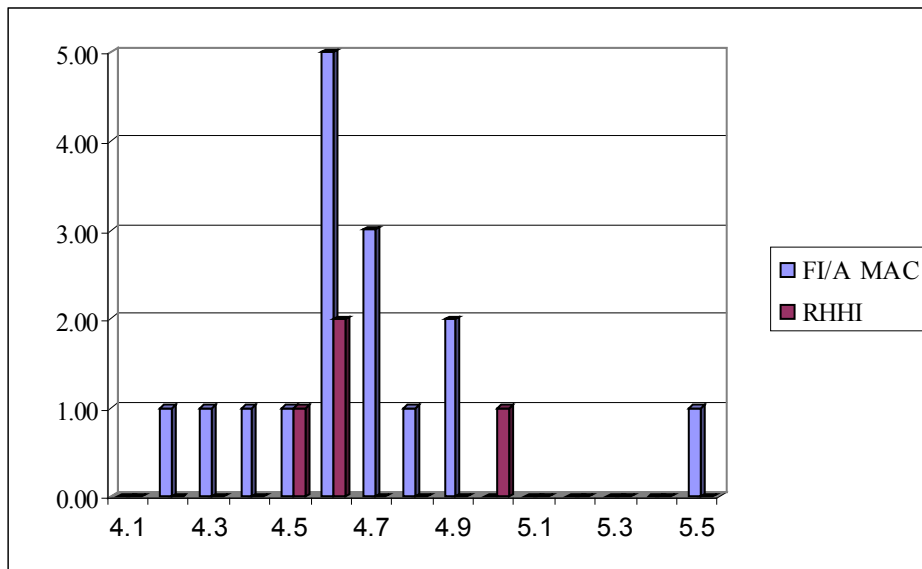
Figure 3-5. 2009 DME MAC Scores by Contractor



Source: MCPSS Survey, 2009.

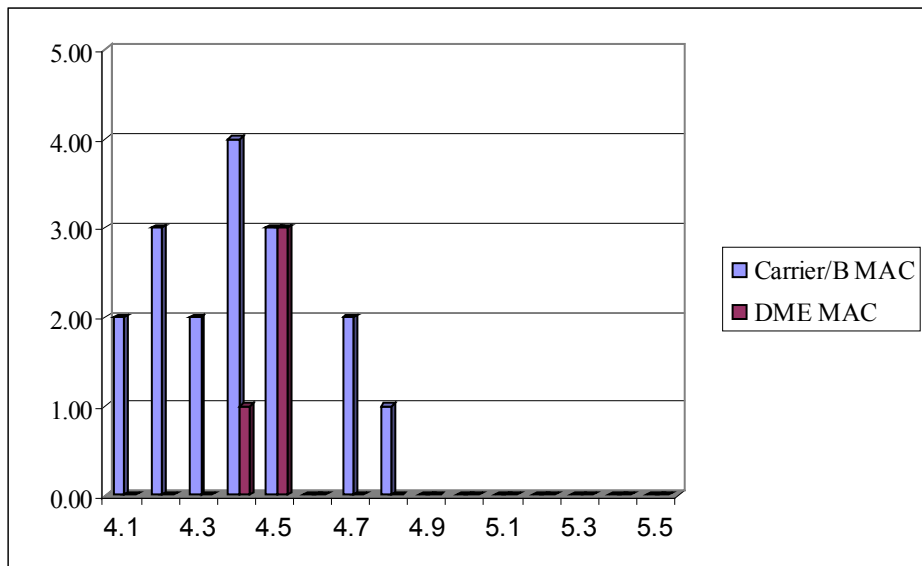
The following graphs present the distribution of scores of all contractors (excluding the RRB contractor). The scores run along the X axis while the number of contractors receiving the score is on the Y axis. As shown in Figures 3-6a and 3-6b, in general, the FI/Part A MAC and RHHI scores are on the higher end while Carrier/Part B MAC and DME MAC scores are on the lower end. As indicated in the graphs, the lowest contractor score is 4.1 and the highest is 5.5. This range was used in both Figures 3-6a and 3-6b below.

Figure 3-6a. 2009 Overall Score by Number of Contractors: FI/Part A MAC and RHHI



Source: MCPSS Survey, 2009.

Figure 3-6b. 2009 Overall Score by Number of Contractors: Carrier/Part B MAC and DME MAC



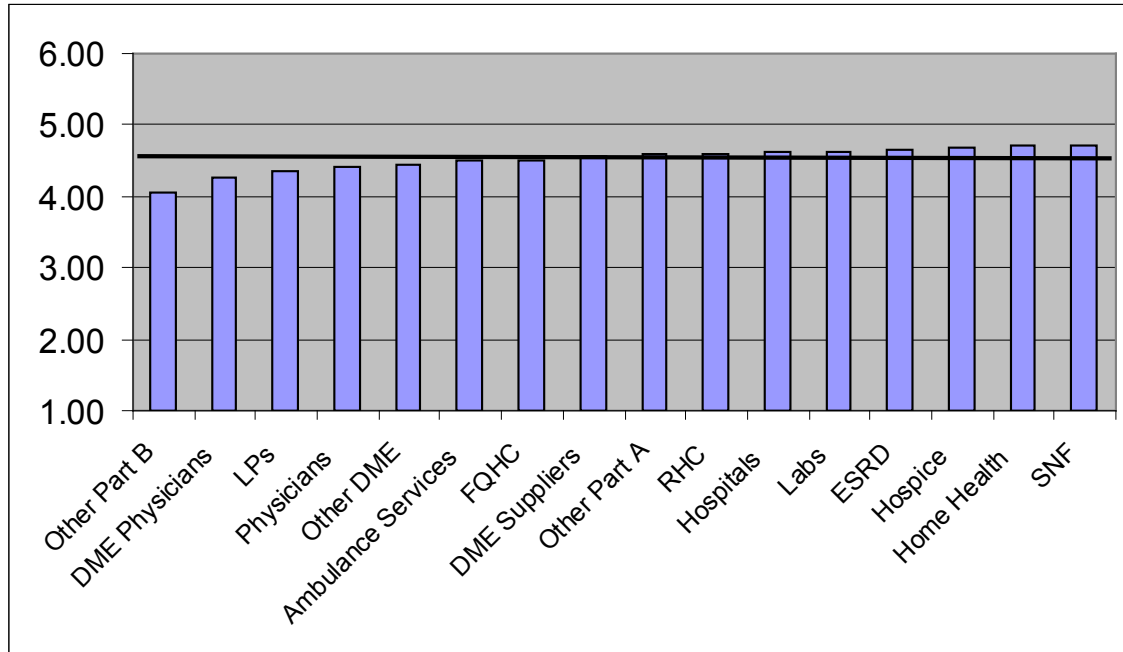
Source: MCPSS Survey, 2009.

Overall Scores by Provider Type

The overall contractor scores are just one aspect of the MCPSS. The next sections “drill down” into the results and examine the scores by provider type and business function.

As shown in Figure 3-7, among all provider types, the Skilled Nursing Facility (SNF) providers reported the highest satisfaction at 4.71, followed closely by home health providers at 4.70. The horizontal bar at 4.54 represents the national average across all contractor types. All of the provider types represented by Carriers/Part B MACs and DME MACs fell below the national average. The Other Part B category had the lowest reportable score at 4.05.

Figure 3-7. Overall Survey Scores by Provider Type



Source: MCPSS Survey, 2009.

Note: Limited Licensed Practitioners are abbreviated as LPs

Overall Satisfaction by Business Function

Another important dimension of the MCPSS is the business function scores within each contractor type, as shown in Table 3-1.

Table 3-1. Business Function Score by Contractor Type

Contractor Type	FI / Part A MAC	RHHI	Carrier / Part B MAC	DME MAC
Average Score	4.67 (0.008)	4.70 (0.02)	4.39 (0.014)	4.47 (0.025)
Provider Inquiries	4.62 (0.009)	4.69 (0.021)	4.39 (0.014)	4.58 (0.028)
Provider Outreach & Education	4.68 (0.01)	4.84 (0.02)	4.41 (0.016)	4.57 (0.029)
Claims Processing	4.90 (0.008)	4.87 (0.018)	4.63 (0.013)	4.69 (0.025)
Appeals	<i>4.44</i> (0.014)	<i>4.24</i> (0.042)	<i>4.23</i> (0.021)	4.36 (0.042)
Provider Enrollment	4.50 (0.018)	4.74 (0.045)	4.25 (0.027)	N/A
Medical Review	4.73 (0.015)	4.61 (0.037)	4.45 (0.032)	<i>4.17</i> (0.102)
Provider Audit & Reimbursement	4.84 (0.01)	4.91 (0.022)	N/A	N/A

Source: MCPSS Survey, 2009.

Notes: Bold scores: Highest satisfaction

Italic scores: Lowest Satisfaction

Standard errors are provided parenthetically under each score.

In 2009, the providers serviced by the FI/Part A MACs and the RHHIs report higher scores across business functions than providers serviced by the Carrier/Part B MACs and DME MACs. The exception is the Appeals business function where the average RHHI score is lower than the average score for the DME MACs.

Claims Processing was generally rated highest among the business functions while Appeals was generally rated lowest. Exceptions include: RHHI providers rated Audit & Reimbursement the highest among the business functions and Medical Review was rated lowest by the DME MAC providers. Note that 2009 was the first year in which DME suppliers and DME Physicians were asked to rate their DME MACs on the Medical Review business function.

Results At The Contractor Level

Fiscal Intermediaries/Part A MACs

Table 3-2 presents the FI/Part A MAC average scores in ascending order.

Table 3-2. FI/Part A MAC Scores by Contractor

Contractor	Score (Standard Error)
<i>National Average of Contractor Scores</i>	4.54
Average of FI/Part A MAC Scores	4.67 (0.008)
WPS Medicare-J5	4.22 (0.025)
First Coast Service Options	4.31 (0.047)
TrailBlazer J4	4.45 (0.036)
National Government Services	4.53 (0.035)
TrailBlazer (Legacy)	4.56 (0.045)
Palmetto GBA	4.61 (0.024)
Highmark Medicare Services	4.62 (0.03)
WPS Medicare (Legacy)	4.63 (0.043)
Cahaba GBA	4.64 (0.021)
Noridian J3	4.69 (0.027)
Noridian Administrative Services (Legacy)	4.72 (0.028)
Riverbend GBA	4.73 (0.04)
BCBS of Georgia	4.80 (0.027)
Pinnacle Business Solutions	4.86 (0.021)
Trispan Health Services	4.89 (0.022)
COSVI	5.48 (0.017)

Source: MCPSS Survey, 2009.

Notes: Standard errors are provided parenthetically under each score; “J” indicates a MAC Jurisdiction

RHHIs

Table 3-3 presents the RHHI contractors' average scores in ascending order.

Table 3-3. RHHI Scores by Contractor

Contractor	Score (Standard Error)
<i>National Average of Contractor Scores</i>	<i>4.54</i>
Average of RHHI Scores	4.70 (0.02)
Palmetto GBA	4.53 (0.047)
National Government Services (formerly UGS)	4.62 (0.046)
National Government Services (formerly AHS)	4.63 (0.029)
Cahaba GBA	5.01 (0.034)

Source: MCPSS Survey, 2009.

Notes: Standard errors are provided parenthetically under each score.

Carriers/Part B MACs

Table 3-4 presents the Carrier/Part B MAC average scores in ascending order.

Table 3-4. Carrier/Part B MAC Scores by Contractor

Contractor	Score (Standard Error)
<i>National Average of Contractor Scores</i>	<i>4.54</i>
Average of Carrier/Part B MAC Scores	4.39 (0.014)
TrailBlazer J4 (Part B)	4.07 (0.055)
NHIC	4.12 (0.069)
HealthNow	4.17 (0.061)
Cahaba GBA	4.21 (0.061)
National Government Services	4.21 (0.063)
Noridian Administrative Services (Legacy)	4.33 (0.06)
First Coast Service Options	4.35 (0.057)
GHI	4.38 (0.061)
WPS Medicare-J5 (Part B)	4.39 (0.053)
TrailBlazer (Legacy)	4.40 (0.057)
Noridian J3 (Part B)	4.43 (0.063)
CIGNA Government Services	4.49 (0.061)
Pinnacle Business Solutions	4.49 (0.061)
Palmetto GBA	4.54 (0.057)
Highmark Medicare Services	4.66 (0.049)
WPS Medicare-Part B (Legacy)	4.71 (0.049)
Triple S	4.76 (0.043)

Source: MCPSS Survey, 2009.

Notes: Standard errors are provided parenthetically under each score.

“J” indicates a MAC Jurisdiction

DME MACs

Table 3-5 presents the DME MAC average scores in ascending order.

Table 3-5. DME MAC Scores by Contractor

Contractor	Score (Standard Error)
<i>National Average of Contractor Scores</i>	<i>4.54</i>
Average of DME MAC Scores	4.47 (0.025)
Noridian Administrative Services	4.42 (0.043)
CIGNA Government Services (CGS)	4.46 (0.048)
NHIC	4.49 (0.053)
National Government Services	4.52 (0.054)

Source: MCPSS Survey, 2009.

Notes: Standard errors are provided parenthetically under each score.

Business Functions by Contractor

In order to better understand where contractors are succeeding and where they face challenges, Tables 3-6 to 3-10 include scores for each of the seven business functions by contractor. As previously indicated, not every business function applies to each contractor.

Table 3-6. FI Business Function Scores by Contractor

	Provider Inquiries	Provider Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
FIs/Part A MACs							
FI/Part A MAC Average Score	4.62 (0.009)	4.68 (0.010)	4.90 (0.008)	4.44 (0.014)	4.50 (0.018)	4.73 (0.015)	4.84 (0.010)
BCBS GA	4.76 (0.033)	4.77 (0.036)	5.02 (0.027)	4.71 (0.046)	4.59 (0.060)	4.90 (0.046)	4.88 (0.033)
Cahaba	4.60 (0.024)	4.72 (0.026)	4.87 (0.019)	4.21 (0.035)	4.57 (0.045)	4.66 (0.039)	4.84 (0.025)
COSVI	5.55 (0.020)	5.57 (0.015)	5.57 (0.017)	5.36 (0.025)	5.28 (0.057)	5.46 (0.021)	5.54 (0.019)
FCSO	4.35 (0.052)	4.52 (0.056)	4.80 (0.043)	3.89 (0.080)	3.82 (0.109)	4.20 (0.08)	4.62 (0.061)
Highmark	4.51 (0.040)	4.71 (0.042)	4.80 (0.031)	4.31 (0.057)	4.40 (0.079)	4.64 (0.055)	4.97 (0.035)
NGS	4.34 (0.044)	4.69 (0.038)	4.78 (0.036)	4.42 (0.061)	4.12 (0.083)	4.67 (0.062)	4.71 (0.039)
Noridian (Legacy)	4.63 (0.032)	4.61 (0.034)	4.94 (0.025)	4.55 (0.055)	4.72 (0.054)	4.78 (0.055)	4.83 (0.034)
Noridian J3	4.61 (0.031)	4.61 (0.0300)	4.83 (0.026)	4.48 (0.049)	4.66 (0.052)	4.77 (0.049)	4.85 (0.031)
Palmetto	4.36 (0.027)	4.76 (0.028)	4.76 (0.021)	4.45 (0.037)	4.38 (0.062)	4.83 (0.044)	4.73 (0.045)
Pinnacle	4.94 (0.025)	4.65 (0.036)	4.92 (0.027)	4.58 (0.035)	4.97 (0.044)	4.73 (0.035)	5.24 (0.024)
Riverbend	4.73 (0.044)	4.59 (0.053)	4.91 (0.040)	4.42 (0.072)	4.74 (0.079)	4.78 (0.065)	4.95 (0.042)
TrailBlazer (Legacy)	4.64 (0.048)	4.74 (0.049)	4.85 (0.042)	4.44 (0.073)	3.96 (0.102)	4.56 (0.105)	4.73 (0.052)
TrailBlazer J4	4.39 (0.049)	4.58 (0.049)	4.73 (0.037)	4.28 (0.063)	3.91 (0.071)	4.91 (0.071)	4.35 (0.055)
Trispan	4.84 (0.024)	4.78 (0.028)	5.06 (0.021)	4.63 (0.047)	4.91 (0.042)	4.93 (0.044)	5.10 (0.025)
WPS (Legacy)	4.53 (0.048)	4.58 (0.050)	4.93 (0.038)	4.36 (0.081)	4.56 (0.108)	4.64 (0.088)	4.77 (0.050)
WPS J5	4.07 (0.027)	4.06 (0.03)	4.55 (0.023)	3.98 (0.043)	4.37 (0.046)	4.18 (0.052)	4.33 (0.028)

Notes: Standard errors are provided parenthetically under each score;

“J” indicates a MAC Jurisdiction

As is evident in Table 3-6, Part A providers generally score Claims Processing and Audit & Reimbursement higher than any of the other business functions. These two business functions also have a smaller range in scores across contractors than the other business functions. Appeals is rated the lowest business function by Part A providers.

Table 3-7. RHHI Business Function Scores by Contractor

	Provider Inquiries	Provider Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
RHHIs							
RHHI Average Score	4.69 (0.021)	4.84 (0.02)	4.87 (0.018)	4.24 (0.042)	4.74 (0.045)	4.61 (0.037)	4.91 (0.022)
Cahaba	5.16 (0.033)	5.20 (0.035)	5.15 (0.03)	4.48 (0.07)	5.08 (0.087)	4.93 (0.056)	5.04 (0.049)
NGS (formerly AHS)	4.55 (0.034)	4.73 (0.032)	4.79 (0.028)	4.19 (0.055)	4.84 (0.069)	4.52 (0.047)	4.78 (0.031)
NGS (formerly UGS)	4.55 (0.047)	4.79 (0.043)	4.85 (0.04)	4.09 (0.098)	4.80 (0.093)	4.35 (0.095)	4.95 (0.044)
Palmetto	4.48 (0.05)	4.63 (0.051)	4.69 (0.044)	4.19 (0.105)	4.25 (0.107)	4.64 (0.085)	4.86 (0.048)

Notes: Standard errors are provided parenthetically under each score.

RHHI providers show a similar pattern with the highest ratings for the Claims Processing and Audit & Reimbursement business functions and the lowest rating for the Appeals business function.

Table 3-8. Carrier/Part B MAC Business Function Scores by Contractor

	Provider Inquiries	Provider Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
Carriers/Part B MACs							
Carrier/Part B MAC Average Score	4.39 (0.014)	4.41 (0.016)	4.63 (0.013)	4.23 (0.021)	4.25 (0.032)	4.45 (0.032)	N/A
Cahaba	4.23 (0.063)	4.23 (0.076)	4.61 (0.056)	3.90 (0.094)	4.06 (0.118)	4.22 (0.134)	N/A
CIGNA	4.58 (0.055)	4.58 (0.057)	4.72 (0.049)	4.28 (0.094)	4.27 (0.106)	4.50 (0.143)	N/A
FCSO	4.39 (0.055)	4.46 (0.064)	4.72 (0.048)	4.22 (0.079)	3.79 (0.130)	4.51 (0.125)	N/A
GHI	4.41 (0.063)	4.42 (0.068)	4.53 (0.059)	4.26 (0.096)	4.41 (0.116)	4.25 (0.124)	N/A
HealthNow	4.07 (0.067)	4.15 (0.075)	4.29 (0.059)	3.92 (0.100)	4.04 (0.118)	4.54 (0.109)	N/A
HealthNow	4.07 (0.067)	4.15 (0.075)	4.29 (0.059)	3.92 (0.100)	4.04 (0.118)	4.54 (0.109)	N/A
Highmark	4.68 (0.056)	4.73 (0.058)	4.92 (0.047)	4.65 (0.081)	4.40 (0.109)	4.60 (0.109)	N/A
NGS	4.11 (0.066)	4.33 (0.071)	4.38 (0.063)	4.04 (0.092)	4.10 (0.126)	4.30 (0.157)	N/A
NHIC	4.08 (0.071)	4.32 (0.073)	4.48 (0.060)	4.04 (0.111)	3.77 (0.127)	4.00 (0.175)	N/A
Noridian (Legacy)	4.30 (0.060)	4.18 (0.071)	4.47 (0.056)	4.16 (0.094)	4.44 (0.097)	4.44 (0.140)	N/A
Noridian J3	4.50 (0.059)	4.36 (0.072)	4.63 (0.059)	4.46 (0.080)	4.39 (0.109)	4.27 (0.150)	N/A
Palmetto	4.58 (0.055)	4.53 (0.064)	4.78 (0.051)	4.46 (0.087)	4.34 (0.121)	4.53 (0.132)	N/A
Pinnacle	4.48 (0.064)	4.39 (0.070)	4.73 (0.055)	4.28 (0.096)	4.44 (0.124)	4.64 (0.116)	N/A
TrailBlazer (Legacy)	4.33 (0.062)	4.58 (0.060)	4.63 (0.052)	4.24 (0.078)	4.01 (0.120)	4.60 (0.126)	N/A
TrailBlazer J4	3.96 (0.060)	4.15 (0.061)	4.37 (0.050)	4.00 (0.074)	3.78 (0.100)	4.17 (0.147)	N/A
Triple S	4.77 (0.041)	4.60 (0.056)	4.90 (0.040)	4.53 (0.070)	4.73 (0.096)	5.03 (0.074)	N/A
WPS (Legacy)	4.79 (0.049)	4.63 (0.058)	4.90 (0.047)	4.45 (0.077)	4.72 (0.088)	4.74 (0.119)	N/A
WPS J5	4.45 (0.051)	4.34 (0.054)	4.63 (0.045)	4.01 (0.079)	4.58 (0.092)	4.35 (0.140)	N/A

Notes: Standard errors are provided parenthetically under each score.

“J” indicates a MAC Jurisdiction

“N/A” means that a business function was not applicable for the contractor

As shown in Table 3-8 above, Part B providers generally score Claims Processing higher than any of the other business functions and Appeals the lowest. In the case of Part B providers, Provider Outreach & Education has the smallest range in scores across contractors whereas Medical Review has the largest range.

Table 3-9. DME MAC Business Function Scores by Contractor

	Provider Inquiries	Provider Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
DME MACs							
DME MAC Average Score	4.58 (0.028)	4.57 (0.029)	4.69 (0.025)	4.36 (0.042)	N/A	4.17 (0.102)	N/A
Noridian	4.54 (0.045)	4.54 (0.045)	4.64 (0.042)	4.23 (0.079)	N/A	4.16 (0.209)	N/A
NGS	4.64 (0.065)	4.68 (0.065)	4.81 (0.054)	4.56 (0.086)	N/A	3.92 (0.217)	N/A
NHIC	4.52 (0.057)	4.46 (0.065)	4.55 (0.055)	4.40 (0.09)	N/A	4.50 (0.11)	N/A
CIGNA	4.63 (0.051)	4.59 (0.059)	4.75 (0.049)	4.22 (0.081)	N/A	4.11 (0.251)	N/A

Notes: Standard errors are provided parenthetically under each score.
 "N/A" means that a business function was not applicable for the contractor

Providers submitting DME claims reported their highest ratings for the Claims Processing business function and their lowest ratings for the Medical Review business function. Note that 2009 was the first year in which DME suppliers and DME Physicians were asked to rate their DME MACs on the Medical Review business function.

Business Functions by Provider Type

For a comparison of how different provider types view contractor operations in general, Table 3-10 presents business function scores by the various provider types.

Table 3-10. Business Function Scores by Provider Type

	Provider Inquiries	Provider Outreach & Education	Claims Processing	Appeals	Provider Enrollment	Medical Review	Provider Audit & Reimb.
FI/Part A MAC							
ESRD	4.55 (0.033)	4.77 (0.033)	4.72 (0.025)	4.31 (0.054)	4.61 (0.062)	4.89 (0.058)	4.95 (0.038)
FQHC	4.21 (0.063)	4.44 (0.053)	4.50 (0.053)	4.44 (0.097)	4.41 (0.077)	4.74 (0.101)	4.80 (0.047)
Hospitals	4.48 (0.019)	4.65 (0.018)	4.86 (0.014)	4.46 (0.021)	4.48 (0.029)	4.67 (0.024)	4.69 (0.019)
Other Part A	4.63 (0.041)	4.53 (0.042)	4.80 (0.036)	4.20 (0.064)	4.48 (0.077)	4.68 (0.072)	4.85 (0.061)
RHC	4.57 (0.035)	4.52 (0.049)	4.80 (0.034)	4.40 (0.052)	4.40 (0.045)	4.76 (0.042)	4.76 (0.047)
SNF	4.67 (0.017)	4.70 (0.020)	4.92 (0.016)	4.44 (0.032)	4.62 (0.044)	4.72 (0.032)	4.92 (0.021)
RHHI							
Home health	4.72 (0.025)	4.82 (0.025)	4.84 (0.022)	4.19 (0.054)	4.82 (0.052)	4.60 (0.046)	4.92 (0.026)
Hospice	4.61 (0.037)	4.86 (0.035)	4.93 (0.030)	4.35 (0.064)	4.55 (0.086)	4.61 (0.058)	4.87 (0.037)
Carrier/Part B MAC							
Ambulance Srvcs	4.55 (0.056)	4.50 (0.059)	4.80 (0.047)	4.25 (0.070)	4.55 (0.072)	4.37 (0.099)	N/A
Labs	4.67 (0.028)	4.67 (0.032)	4.89 (0.026)	4.35 (0.052)	4.57 (0.055)	4.63 (0.076)	N/A
Licensed Practitioners (LPs)	4.38 (0.055)	4.38 (0.061)	4.52 (0.049)	4.150 (0.080)	4.25 (0.121)	4.36 (0.110)	N/A
Other Part B	4.09 (0.089)	4.00 (0.104)	4.38 (0.079)	4.01 (0.158)	3.91 (0.143)	4.12 (0.121)	N/A
Physicians	4.40 (0.018)	4.42 (0.019)	4.68 (0.015)	4.25 (0.024)	4.25 (0.034)	4.50 (0.037)	N/A

Notes: Standard errors are provided parenthetically under each score.

N/A” means that a business function was not applicable.

As was shown in Figure 3-7, Other Part B providers reported the lowest overall survey score of all provider types (4.05) and the SNF and home health providers reported the highest overall survey scores (at 4.71 and 4.70, respectively). Table 3-10 presents variation *across* business functions within a given provider type. Table 3-10 shows that the LPs report the least variation in satisfaction across

business functions among all provider types. The highest rated business function (Claims Processing) for LPs received a score of 4.52 while the lowest rated (Appeals) was scored 4.15 (a difference of 0.37). In 2009 the DME Suppliers have the widest variation in business function ratings, with Claims Processing receiving the highest ratings (4.85) and Medical Review the lowest ratings (4.09) (a difference of 0.74).

Comparisons Over Time

In response to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), CMS has worked to significantly reform contracting for administration of claims. An important goal of the MMA was to encourage competition and to provide incentives for contractor performance. Given the scope of transitioning more than 1 million providers, CMS implemented the transition in phases. The transition began with awards in 2006; and, to date, 13 MAC contracts have been awarded. There are six remaining MAC contracts to award. The implications of the transition are that providers may have worked with multiple contractors in any given MCPSS year. This means that provider ratings of satisfaction, measured by the MCPSS for the “prior year” may in fact be based on provider experiences with more than one contractor. This complicates contractor evaluation because during transition CMS cannot necessarily attribute provider sentiments to a single contractor. To have a pure assessment of a target contractor, the provider population for the contractor must be stable. The same is true for trend analyses – only when a contractor’s scope and jurisdiction are stable for two MCPSS administrations can we know that we are comparing “apples to apples” in terms of the contractor’s service to the same provider community over time.

The following MAC samples have had stable Jurisdiction operations in at least two consecutive survey years, and so are included in the trends section of the 2009 report:

- DME MAC NGS (2007-2009)
- DME MAC NHIC (2007-2009)
- DME MAC CIGNA (2008-2009)
- DME MAC Noridian (2008-2009)
- Jurisdiction 3 Part A/B MAC Noridian (2008-2009)

MCPSS Historical Comparison

The overall MCPSS scores have remained stable over the last four administrations of the survey. As shown in Table 3-11a, the national average score (the average of each contractor) has remained steady over time. The averages for each contractor type have varied somewhat, but the differences are still relatively small. This would suggest that satisfaction levels have remained steady over time, at least as defined by the current MCPSS satisfaction scale.

Table 3-11a. Overall Scores by Contractor Type, 2006-2009

Contractor Type	<u>Overall Survey Score</u>			
	2009	2008	2007	2006
National Average	4.54	4.51	4.56	4.52
FI/A MAC - Average for Contractor Type	4.67	4.61	4.66	4.71
RHHI - Average for Contractor Type	4.70	4.68	4.77	4.79
Carrier/B MAC - Average for Contractor Type	4.39	4.35	4.42	4.52
DME MAC - Average for Contractor Type	4.47	4.41	4.34	4.43

In terms of comparisons across provider types, the providers served by the RHHIs have consistently reported higher levels of satisfaction than other provider types, although it appears that this gap may be narrowing.

While there are patterns across provider types, there are few consistent patterns within a given provider type. As shown in Table 3-11b below, the RHCs, physicians, and hospice providers have the only consistent patterns across provider types. In these cases, the scores have consistently trended downward over time, although the declines are rather small.

Table 3-11b. Overall Scores by Provider Type, 2006-2009

	Historical average score			
	2009	2008	2007	2006
Ambulance Services	4.50	4.49	4.59	4.66
DME Physicians	4.27	4.22	4.44	4.46
DME Suppliers	4.55	4.46	4.51	4.65
ESRD	4.65	3.95	4.68	4.59
FQHC	4.50	4.29	4.60	4.56
Home health	4.70	4.66	4.93	4.79
Hospice	4.68	4.74	5.00	*
Hospitals	4.61	4.60	4.55	4.57
Labs	4.63	4.43	4.72	4.50
LPs	4.34	4.28	4.44	4.40
Other DME	4.43	4.42	4.61	4.32
Other Part A	4.60	4.64	4.63	4.70
Other Part B	4.05	4.32	4.63	4.62
Physicians	4.42	4.38	4.52	4.61
RHC	4.60	4.63	4.72	4.73
SNF	4.71	4.59	4.69	4.73

* Data for hospice providers are not available in 2006.

MCPSS Trends

For those MAC contractors that have had two or more years of stable Jurisdiction operations, Tables 3-12 through 3-17 show year-to-year trends and indicate where there are statistically significant differences.

Table 3-12. Comparison of 2007 - 2009 Scores for the DME MAC National Government Services

DME MAC: NATIONAL GOVERNMENT SERVICES				
<u>Overall Satisfaction</u>		<u>2007</u>	<u>2008</u>	<u>2009</u>
Overall Survey Score	Score	4.50	4.42	4.52↑
	Sample size	450	428	278
Overall Satisfaction Question	Score	4.72	4.54↓	4.84↑
<u>Business Function</u>				
Provider Inquiries	Score	4.55	4.40↓	4.64↑
	Percentile	100	75	100
Provider Outreach & Education	Score	4.47	4.57	4.68
	Percentile	75	100	100
Claims Processing	Score	4.65	4.63	4.81↑
	Percentile	100	100	100
Appeals	Score	4.33	4.08↓	4.56↑
	Percentile	100	50	100
Provider Enrollment	Score	N/A	N/A	N/A
	Percentile			
Medical Review	Score	N/A	N/A	3.92
	Percentile			25
Provider Audit & Reimbursement	Score	N/A	N/A	N/A
	Percentile			

Notes: ↑(↓)=Significantly higher (lower) than previous year (alpha<.05)¹⁰
 Comparisons between 2007 and 2008, and between 2008 and 2009
 The contractor percentile is the proportion of scores (for this contractor type) that are less than or equal to this contractor.

¹⁰ The significance tests are based on the size of the difference and also based on the standard errors associated with the scores. An alpha level of .05 is the significance level selected to determine whether a difference is deemed to be statistically significant. Those differences deemed to be statistically significant are indicated by an arrow.

Table 3-13. Comparison of 2007 - 2009 Scores for the DME MAC NHIC

DME MAC: NHIC				
<u>Overall Satisfaction</u>		<u>2007</u>	<u>2008</u>	<u>2009</u>
Overall Survey Score	Score	4.20	4.40↑	4.49
	Sample size	520	458	353
Overall Satisfaction Question	Score	4.37	4.46	4.55
<u>Business Function</u>				
Provider Inquiries	Score	4.33	4.37	4.52
	Percentile	25	25	25
Provider Outreach & Education	Score	4.21	4.47↑	4.46
	Percentile	25	25	25
Claims Processing	Score	4.35	4.49↑	4.55
	Percentile	50	25	25
Appeals	Score	3.89	4.28↑	4.40
	Percentile	25	100	75
Provider Enrollment	Score	N/A	N/A	N/A
	Percentile			
Medical Review	Score	N/A	N/A	4.50
	Percentile			100
Provider Audit & Reimbursement	Score	N/A	N/A	N/A
	Percentile			

Notes: ↑(↓)=Significantly higher (lower) than previous year (alpha<.05)
 Comparisons between 2007 and 2008, and between 2008 and 2009
 The contractor percentile is the proportion of scores (for this contractor type) that are less than or equal to this contractor.

Table 3-14. Comparison of 2008 - 2009 Scores for the DME MAC CIGNA Government Services (CGS)

DME MAC: CIGNA			
<u>Overall Satisfaction</u>		<u>2008</u>	<u>2009</u>
Overall Survey Score	Score	4.36	4.46†
	Sample size	601	422
Overall Satisfaction Question	Score	4.40	4.66†
<u>Business Function</u>			
Provider Inquiries	Score	4.37	4.63†
	Percentile	50	75
Provider Outreach & Education	Score	4.49	4.59†
	Percentile	75	75
Claims Processing	Score	4.55	4.75†
	Percentile	50	75
Appeals	Score	4.02	4.22†
	Percentile	25	25
Provider Enrollment	Score	N/A	N/A
	Percentile		
Medical Review	Score	N/A	4.11
	Percentile		50
Provider Audit & Reimbursement	Score	N/A	N/A
	Percentile		

Notes: †(‡)=Significantly higher (lower) than previous year
(alpha<.05)

The contractor percentile is the proportion of scores (for this contractor type) that are less than or equal to this contractor.

Table 3-15. Comparison of 2008 - 2009 Scores for the DME MAC Noridian Administrative Services

DME MAC: Noridian			
<u>Overall Satisfaction</u>		<u>2008</u>	<u>2009</u>
Overall Survey Score	Score	4.45	4.42
	Sample size	289	438
Overall Satisfaction Question	Score	4.52	4.57
<u>Business Function</u>			
Provider Inquiries	Score	4.53	4.54
	Percentile	100	50
Provider Outreach & Education	Score	4.49	4.54
	Percentile	50	50
Claims Processing	Score	4.58	4.64
	Percentile	75	50
Appeals	Score	4.18	4.23
	Percentile	75	50
Provider Enrollment	Score	N/A	N/A
	Percentile		
Medical Review	Score	N/A	4.16
	Percentile		75
Provider Audit & Reimbursement	Score	N/A	N/A
	Percentile		

Notes: ↑(↓)=Significantly higher (lower) than previous year (alpha<.05)
 The contractor percentile is the proportion of scores (for this contractor type) that are less than or equal to this contractor.

As seen in the tables, two of the four DME MACs observed significant increases in overall satisfaction levels in 2009. While scores for the DME MAC NHIC were generally higher in 2009 than 2008, the changes were not statistically significant. NHIC’s scores did exhibit a significant increase between 2007 and 2008. Thus, the overall trend for three of the four DME MACs has been positive as the contracting environment has stabilized.

Prior to the MAC contracts, the contractors handling DME claims only provided services in four of the seven business functions. Medical Review, Provider Audit & Reimbursement, and Provider Enrollment activities were not handled by the DME MACs. As of March 2008, the DME MAC contracts included the function of Medical Review, so for the 2009 survey administration, the Medical Review

business function was added to the survey for those providers submitting DME claims. Therefore, the tables above only include results for four business functions for 2007-2008, but a result for Medical Review is included for 2009.

This is the first year that trend data are available for one of the Part A/B MACs. Noridian has had stable Jurisdiction operations for two years in Jurisdiction 3. Both the Part A and Part B scores for Noridian show significant increases from 2008 to 2009.

Table 3-16. Comparison of 2008 - 2009 Scores for the Part A MAC Noridian (Jurisdiction 3)

Part A MAC: Noridian (Jurisdiction 3)			
Overall Satisfaction		2008	2009
Overall Survey Score	Score	4.50	4.69↑
	Sample size	300	404
Overall Satisfaction Question	Score	4.29	4.67↑
Business Function			
Provider Inquiries	Score	4.29	4.61↑
	Percentile	19	58
Provider Outreach & Education	Score	4.48	4.61
	Percentile	28	41
Claims Processing	Score	4.65	4.83↑
	Percentile	33	47
Appeals	Score	4.51	4.48
	Percentile	66	70
Provider Enrollment	Score	4.43	4.66
	Percentile	38	70
Medical Review	Score	4.53	4.77
	Percentile	47	58
Provider Audit & Reimbursement	Score	4.59	4.85↑
	Percentile	9	64

Notes: ↑(↓)=Significantly higher (lower) than previous year (alpha<.05)

The contractor percentile is the proportion of scores (for this contractor type) that are less than or equal to this contractor.

Table 3.17. Comparison of 2008 and 2009 scores for the Part B MAC Noridian (Jurisdiction 3)

Part B MAC: Noridian (Jurisdiction 3)			
Overall Satisfaction		2008	2009
Overall Survey Score	Score	4.23	4.43↑
	Sample size	480	384
Overall Satisfaction Question	Score	4.06	4.49↑
Business Function			
Provider Inquiries	Score	4.22	4.50↑
	Percentile	29	70
Provider Outreach & Education	Score	4.17	4.36
	Percentile	11	47
Claims Processing	Score	4.26	4.63↑
	Percentile	17	52
Appeals	Score	4.15	4.46↑
	Percentile	47	88
Provider Enrollment	Score	4.30	4.39
	Percentile	64	58
Medical Review	Score	4.27	4.27
	Percentile	35	29
Provider Audit & Reimbursement	Score	N/A	N/A
	Percentile		

Notes: ↑(↓)=Significantly higher (lower) than previous year
(alpha<.05)
The contractor percentile is the proportion of scores (for this contractor type) that are less than or equal to this contractor.

In subsequent years of the MCPSS, additional trend analyses will be feasible. Trend lines will extend further as contractors stabilize, and more contractors will be trended as more contractors transition into the MAC environment.

CHAPTER 4

USING THE 2009 MCPSS RESULTS FOR PROCESS IMPROVEMENT

Introduction

A goal of the MCPSS is to provide feedback from providers to contractors so they may choose to implement process improvement initiatives. This chapter presents an analysis of the results that contractors could use in developing their process improvement priorities.

One of the techniques used in analyzing customer satisfaction data is **key driver analysis**. Key driver analysis uses multivariate techniques to assess the effects of a service or product (drivers) on measures of customer satisfaction. Measures can include additional items (such as provider characteristics) to assess whether there are respondent-level variables that also can be used to predict overall satisfaction. One result of the regressions is a “standardized regression coefficient” for each variable included in the model. These coefficients can be used to identify the services that have the strongest influence, independently of the other characteristics in the model, on indicators of customer satisfaction. Based on these results it is possible to determine those characteristics of services to focus on to improve or maintain customer satisfaction. This is to say, the **results of key driver analysis can help contractors identify important improvement opportunities**. Separately, analytic results that indicate the key drivers specific to each contractor are provided to each organization.

Methods

The key driver analysis was based on a series of respondent-level multivariate regression models. Each contractor type (i.e., FI/Part A MAC, RHHI, Carrier/Part B MAC, and DME MAC) was analyzed separately. All survey questions were scored on a scale of 1 to 6 with 1 representing “Not at all Satisfied” and 6 representing “Completely Satisfied.” In all the regression models, the single-item overall provider satisfaction score was used as the dependent variable. For each survey respondent, the results of the questions within each of the seven business functions was averaged to create respondent-level business function average scores. These scores, in the areas of Provider Inquiries, Provider Outreach & Education, Claims Processing, Appeals, Provider Enrollment, Medical Review, and Provider Audit & Reimbursement, were the main independent variables of interest in the first set of regression models.

These models were designed to identify the business functions most strongly associated with overall satisfaction. A series of models were also generated that used the individual questions within each

section as independent variables. The goal was to see if the association with overall satisfaction was being driven by a specific question within that section of the survey.

The regression coefficients in these models indicate the magnitude of the association between the business function and overall satisfaction. For example, a regression coefficient of 0.52 for a business function would indicate that for every one unit increase in that business function score (on a scale of 1 to 6), a 0.52 unit change in the overall satisfaction score is expected, all else being equal.

Many respondents skipped sections of the survey relating to business functions that were not relevant to them. Others answered only some of the questions in a section. See Appendix 3, Tables A3-2.1 through A3-2.4 for descriptive statistics for several key variables based on completed surveys for each of the four contractor types.

Because of the high frequency of missing data for the various business function means, all seven business function variables in the same regression model were not included. Instead, only business functions A and C (Provider Inquiries and Claims Processing) were included in all of the models since those scores were available for the vast majority of respondents. The remaining sections were added one at a time in a series of regression models to estimate their association with overall satisfaction.

For the models using individual questions as the independent variables a similar approach was followed since the patterns of missing data were similar. First, the questions were grouped by business function, and these groups were incorporated into the models in a parallel fashion to the business function-level models. Thus, the items in business functions A and C were in all models, while the items in the other business functions were incorporated business function by business function. Items that referred to processes not within the contractors' control were excluded from the regression models.

All of the models included respondent characteristics such as provider type, provider membership in a chain, length of time in Medicare, and CMS geographic Jurisdiction. In all of the analyses, responses used the statistical weights to support inferences to the full set of Medicare providers.

General Findings

There were several general findings widely applicable across models:

- The models exhibited a good fit, with R-square values ranging from 0.45 to 0.73 across both the business function and individual question models. All but one model had an R-square greater than 0.55; this means that the majority of the variation in overall satisfaction was explained by the variables in the models.
- Nearly all of the business function variables were highly statistically significant with positive coefficients in every model, although the pattern varied by contractor type.

- This means that higher performance in each of these business function areas was associated with higher provider satisfaction, although the magnitudes of the effect varied. This also indicates that every section of the questionnaire measures a relevant aspect of performance with respect to overall satisfaction.
- In 2009, business function A, Provider Inquiries, was by far the strongest predictor of satisfaction with coefficients in the 0.35 to 0.77 range. The Claims Processing business function was the second strongest predictor with coefficients in the 0.02 to 0.38 range. The remaining business functions had coefficients in the -0.01 to 0.31 range¹¹.
- Among provider characteristics, the number of reporting facilities and membership in a chain organization were sometimes significant, but the coefficients tended to be very small.
- While provider time in Medicare was significant for many of the FI/Part A MAC models, the pattern was inconsistent (in some of the models “experience” predicted increased satisfaction, in other models it predicted decreased satisfaction).
- Geographic region, as measured by the CMS Jurisdiction variable, was significant in some models.
 - The magnitudes of the effects (i.e., the coefficient sizes) were moderate compared to the magnitudes of the effects for business function A, Provider Inquiries (although in some models the effects were commensurate with business function C, Claims Processing).
- While most of the provider type variables were not statistically significant, there were some significant coefficients.

¹¹ Coefficients are positive when the variable in the model has a positive effect on overall satisfaction; coefficients are negative when they have a negative impact on overall satisfaction.